these changes they exert an important influence on the acuteness of vision, and treatment then has only slight effect.

As to treatment, Hirschberg says the remedy is mercury; and he lays down this axiom: "Is the disease stubborn? so must be the surgeon." He orders inunctions of blue ointment 0.5 to 1 gramme daily, and exceptionally, where a speedy action is necessary, twice a day. These are given for five days; then a bath and an interval of three to five days; then repeat. From 100 to 300 inunctions are given, and the after-treatment continued for one to two years.

ASTHENOPIA FROM PRESSURE OF THE LIDS ON THE CORNEA.

GEORGE J. BULL (Paris) in an elaborate paper on the effects of lid-pressure on the cornea (*Trans. Eighth Internat. Ophthalm. Congress*) calls attention to what may be termed "tarsal asthenopia." He points out that pressure of the lid-margins upon the surface of the cornea causes sufficient disturbance of the corneal surface to give rise to a very noticeable irregularity of the refraction of the eye. This may be demonstrated by looking at a point of light through a strong convex lens held far enough from the eye—nearly its focal distance—to form on the retina a large circle of diffusion. Across this circle of diffusion certain dark and light bands mark where the lid-pressure has been exerted. These bands are of two kinds, viz.: First, those produced very quickly and by slight pressure, and entirely effaced by winking; second, bands produced by more prolonged and severe pressure, which gradually fade away while the eye is held open, but which reappear or become more noticeable after winking.

The first he thinks are due simply to the displacement by the lid-margin of the viscous fluid coating the surface of the cornea. The second he believes are due to a disturbance of the curvature of the epithelial surface of the cornea itself; while the fading away comes from the filling of the inequalities with the viscous fluid, and the reappearance with winking by the wiping away of this fluid. When one eye was closed and the other kept directed forward for a minute or two the disturbance caused by the pressure of the margins of the closed lids was sufficient to cause the doubling of horizontal lines when the eye was again opened. Such a disturbance might readily arise in the eye of a person working with a monocular optical instrument, such as the microscope or telescope, until he learned to avoid it by keeping open the eye not in use. By firm pressure of the lid-surface on the cornea a network of markings similar in nature may be produced.

Bull believes that the disturbances of the corneal surface by lid-pressure may become a source of trouble, as in artists who practise the constriction of the lids known as *clignement*, or after prolonged use of the eyes in a constrained position, as looking down when reading in bed, which brings the margin of the upper lid where it will press on the cornea in front of the pupil. Such disturbances, he thinks, will be aggravated by anything causing dryness of the epithelial surface of the cornea. In some cases the wearing of correcting-glasses until the habit of lid-constriction, arising from ametropia, is broken up, will be followed by permanent relief, even though the correcting-glasses are subsequently not worn constantly or altogether discarded.

Antiseptic Precautions in Cataract Extraction.

J. B. Story employs the following (*Dublin Journal of Medical Sciences*, July, 1895): The eye to be operated on is kept bandaged with boric acid lotion-dressing for twenty-four hours before operating, and the operation is not performed so long as any mucus is present on the dressings. All the instruments are kept five minutes in boiling water, with the exception of the knives, which are sterilized by rubbing with a mixture of equal parts of ether and absolute alcohol. The collyria employed are made up with boiled boric acid solution, or with 1:5000 corrosive sublimate solution. The dressings are made with absorbent wool soaked in boiling boric acid solution. At the time of operation the patient's face, eyebrows, and lids are washed with creolin, and boiled boric acid lotion is used to wash out the conjunctival sac, both before and during the operation.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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Pilocarpin in Diphtheria.

Dr. Louis Waldstein, of New York, has published (*Berliner klin. Wochenschrift*, No. 17, 1895) his observations upon leucocytes and their reactions to pilocarpin in diphtheria, streptococcic sore-throat, derangements of the lymphatic glands, tuberculosis, and lupus. Diphtheria presented the doctor with rich material for his investigations; and he examined the leucocytes at the height of the disease, both before and after the injections of Behring's serum. He found that before the injection of the serum, and during the entire period of the height of the disease, the multinuclear cells were more or less increased in number, sometimes fivefold, while the lymphocytes were as largely diminished; for example, 20,000 : 400. As soon, however, as improvement began this relation suddenly altered, the multinuclear cells falling to the normal proportion, and the uninuclear ones increasing, so that, if graphically represented, the two curves cut each the other.

If the case continued favorable, the relation remained the same with very slight deviations. Cases which did not improve exhibited, after the injection, an increase of the lymphocytes without any diminution in the multinuclear cells. This latter condition was in every case an unfavorable prognostic feature. Either the patient died, or the disease took a more or less chronic course with disease of the lymph-glands, or with ear-complications, or with other sequelæ. The contrary relation of the number of leucocytes showed no regular correspondence with the course of the fever or the character of the pulse, and did not appear to have any causal connection with the visible exudates. The only characteristic was the general condition; the children usually lay apathetic, and in many cases had to be nourished artificially.